



# BEST AVAILABLE COPY

Case Docket No. 1170/39207/89In re application of: SPONG, FULLER and  
DUNCAN

Serial No.: 09/763,318

Filed: July 9, 2001

For: DOOR OPENING AND  
CLOSING SYSTEM

Art Unit: 3637

Examiner: H. V. TRAN

Attorney Docket No.: 1170/39207/89

MAIL STOP FEE AMENDMENT  
COMMISSIONER FOR PATENTS  
P.O. BOX 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in regards to the above-identified patent application.

The filing fee for the amendment has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)
Claims Remaining After Amendment	Highest No. Previously Paid for	Present Extra
TOTAL * 28	MINUS ** 20	8
INDEP. * 2	MINUS *** 3	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM		

Certificate of Mailing by "Express Mail"	
Express Mailing No.:	<u>EV 371845843US</u>
Date of Deposit:	<u>March 25 2004</u>
I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office Box Addressee" Under 37 C.F.R. §1.10 on the date indicated above addressed to The Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
<u>Jiffany E. Sexton</u> Jiffany E. Sexton	

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## SMALL ENTITY

Rate	Addit. Fee
x 9 =	\$ .00
x 43 =	\$ .00
+ 145 =	\$ .00
TOTAL ADDIT. FEE	\$ .00

## OTHER

Rate	Addit. Fee
x 18 =	\$144.00
x 86 =	\$ .00
+ 290 =	\$ .00
TOTAL	\$144.00

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.  
The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ A Check in the amount of \$ 144.00.
- ☒ A Petition for a Three-Month Extension of Time.
- ☒ A check in the amount of \$ 950.00 in payment of the extension request.
- ☒ An Information Disclosure Statement.
- ☒ A check in the amount of \$ 180.00 for the Information Disclosure Statement.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 20-1495. A duplicate copy of this sheet is enclosed.
- ☒ Any filing fees required under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17

Dated: March 25, 2004

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